

**Leon County
Equal Employment Opportunity Program**

Career Shadowing Program

For 16-19 Year Olds Served by WORKFORCE plus

Procedures Manual

"PEOPLE AT WORK"

CAREER SHADOWING PROGRAM

OBJECTIVE

As part of our continued support of the principles of affirmative action and equity in employment and education, the Leon County Equal Employment Opportunity Program and WORKFORCE plus have designed a program to provide for selected Leon County students, ages 16-19, who are served by WORKFORCE plus a six weeks (half-time) career shadowing experience. The shadowing will occur in Leon County careers related to those explored by the students as part of the WORKFORCE plus career exploration program.

The Leon County Equal Employment Opportunity Program serves to assist in the identification of resources which will aid in alleviating disparity in the utilization of various protected groups identified in the Annual Affirmative Action and Equal Employment Opportunity Report. The participants in this career shadowing experience may eventually be available for employment.

WORKFORCE plus is a non-profit organization committed to matching job seekers with prospective employers seeking their particular skills and training. Currently, WORKFORCE plus offers year-round career exploration services in Leon and other surrounding counties for students, 14 – 21 years of age. It is the goal of WORKFORCE plus to provide opportunities for student they serve to obtain work experience through exposure to real work environments.

The Career Shadowing Program will bring together these Leon County and WORKFORCE plus resources to assist both entities in meeting the defined objectives. This joint venture will allow students with interest in various professions to gain limited experience with related professions in the Leon County workforce. The enrollment or participation period will be for a maximum of six weeks, half-time. Participating divisions will expose the student to the duties of the position, as well as, assess their level of competencies at completion of the Program.

CAREER SHADOWING PROGRAM DESCRIPTION

Definition of Career Shadowing

Career Shadowing is a method of training in which the Leon County Board of County Commissioners provides a short-term, non-paid opportunity for the student to interact in a work environment related to the student's career area of interest.

Definition of Participating Division

Participating Division is the work unit of the in which the student is shadowing.

Career Shadowing

1. Enables a student to gain a realistic overall perspective of performance requirements in a work environment.
2. May allow a student to be introduced to state-of-the-art or specialized equipment that may not be available in the school setting.
3. Allows students to observe the performance of skills to be mastered in a training program.

The student shall be supervised at all times by a participating division employee. This program is **not** designed to accommodate an unsupervised assignment.

After all prerequisite criteria has been met, the Career Shadowing Training Agreement will be signed by all parties, including the student, (or the student's parent if student is under 18), a representative of WORKFORCE plus and Leon County. This agreement acknowledges the responsibilities a student must accept in order to participate in the Career Shadowing Program.

Training Plan

The Participating Division supervisor will assist WORKFORCE plus in identifying task areas in which the student will participate. At the end of the assignment the supervisor will indicate which competencies are accomplished.

Career Shadowing Evaluation

An evaluation form, completed by the participating division at the end of the assignment, provides final feedback to WORKFORCE plus and the student.

Attendance Record

A record of attendance shall be maintained by the participating division. Such record shall be signed by the student and verified by the supervisor.

Liability

All participants (or parents, if under 18) must sign a release of liability prior to commencing participation in the Career Shadowing Program.

Safety

Participants will be responsible for wearing appropriate workplace attire. Participants under 18 will not be allowed to engage in dangerous activities per national and state child labor laws.

Scheduling

The Career Shadowing format may be flexible to meet the training needs of the student. Scheduling can range from consecutive days to any combination of partial days which does not exceed 20 hours per week. Career shadowing is scheduled within the regular work hours of the Division being shadowed.

CRITERIA FOR PARTICIPATION

Any student enrolled with WORKFORCE plus may be eligible for the available shadowing opportunities provided they have met the agreed upon requirements. All students who wish to participate must adhere to the following criteria:

ELIGIBILITY

1. Student must have demonstrated a level of maturity that would indicate readiness to enter the work environment as assessed by WORKFORCE plus and must pass a criminal background check if 18 or older.
2. Student must sign a release of liability as provided by Leon County Board of County Commissioners.
3. In the event a student's performance does not meet outlined standards or behavior violates Leon County's Board of County Commissioners employee policies, Leon County reserves the right to discontinue student's participation.
4. The Employee Development Coordinator will identify the available positions and will serve as the point of contact for the students while in the work environment.

Leon County and WORKFORCE plus reserve the right, subject to mutual consent, to modify the guidelines of the Career Shadowing Program. All modifications shall be evidenced in writing.

I HAVE READ AND UNDERSTAND THE CRITERIA FOR PARTICIPATION AND AGREE TO ABIDE BY THE GUIDELINES SET FORTH.

Student's Signature (if 18 or older)

DATE

Parent or Guardian's Signature (if under 18)

DATE

CAREER SHADOWING TRAINING AGREEMENT

Leon County will permit _____
(Student Name)

to job shadow in the Division of _____ for the purpose of gaining
(Name of Division or Program)

knowledge and experience in the occupation of _____
(Job Title)

The training will be provided in accordance with the following conditions:

LEON COUNTY _____ DIVISION AGREES TO:

1. Offer the student the opportunity to career shadow.
2. Provide on-site safety instruction.
3. Supervise and monitor the student's work.
4. Assist WORKFORCE plus to ensure the best possible training.
5. Notify WORKFORCE plus, in writing, of all student absences.
6. Evaluate the student's performance.

Division Director's Signature

Date

Supervisor's Signature

Date

CAREER SHADOWING TRAINING AGREEMENT

WORKFORCE PLUS STUDENT, _____ AGREES TO:
(Student's Name)

1. Participate in job shadowing to receive training experience.
2. Demonstrate an interest in job shadowing and cooperate with all persons involved in the training.
3. Adhere to all Leon County Policies and Procedures and act in an ethical and professional manner at all times.
4. Promptly inform the supervisor in the event of absence.
5. Arrive on time.
6. Acknowledge that the Leon County supervisor is the recognized authority regarding scheduling, even if the student obtains the job shadowing opportunity.

Student's Signature (if 18 or older)

Date

Parent or Guardian's Signature (if under 18)

Date

WORKFORCE plus' Signature

Date

**LEON COUNTY GENERAL RELEASE OF LIABILITY
AND INDEMNIFICATION AGREEMENT**

I, _____, for and in consideration of the privilege and benefits to be derived from the right to _____, do hereby release and forever discharge, absolve, and hold harmless Leon County, Florida, its officers, agents and employees from any and all liability, claim, or action that I, my successors, heirs, assigns, administrators, or executors, may ever have resulting directly or indirectly or remotely from the use of or access to the facilities, property, premises, or appurtenances to same, of Leon County.

I further agree to indemnify and hold harmless Leon County, Florida, its officers, agents, and employees, from and against any and all claims, liabilities, damages, or suits of any nature whatsoever arising out of, because of, or due to the use of the property, premises, or appurtenances to same, belonging to or under the control of Leon County, including but not limited to costs and a reasonable attorney's fee. In suits, claims or causes of action brought against Leon County, Florida, the County may, at its sole option, defend itself or allow another to provide the defense, and I agree to reimburse Leon County for any expenses related thereto.

I further state and affirm that I have personally read and understand this document, and that I have not relied upon any statements, promises, or advice of any employees or agents of Leon County, and that I understand that I have the right to have an attorney review same and do hereby voluntarily affix my signature hereto this _____ day of _____, 2004.

Sign Name

Print Name

STATE OF FLORIDA:
COUNTY OF LEON:

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2004,
by _____.

Personally Known _____
OR Produced Identification _____
Type of Identification Produced _____

NOTARY PUBLIC, STATE OF FLORIDA

Notary Name Printed
Commission Expires:

**LEON COUNTY GENERAL RELEASE OF LIABILITY
AND INDEMNIFICATION AGREEMENT
(Under 18)**

I, _____, for and in consideration of the privilege and benefits for _____ to be derived from the right to _____, do hereby release and forever discharge, absolve, and hold harmless Leon County, Florida, its officers, agents and employees from any and all liability, claim, or action that I, my successors, heirs, assigns, administrators, or executors, may ever have resulting directly or indirectly or remotely from the use of or access to the facilities, property, premises, or appurtenances to same, of Leon County.

I further agree to indemnify and hold harmless Leon County, Florida, its officers, agents, and employees, from and against any and all claims, liabilities, damages, or suits of any nature whatsoever arising out of, because of, or due to the use of the property, premises, or appurtenances to same, belonging to or under the control of Leon County, including but not limited to costs and a reasonable attorney's fee. In suits, claims or causes of action brought against Leon County, Florida, the County may, at its sole option, defend itself or allow another to provide the defense, and I agree to reimburse Leon County for any expenses related thereto.

I further state and affirm that I have personally read and understand this document, and that I have not relied upon any statements, promises, or advice of any employees or agents of Leon County, and that I understand that I have the right to have an attorney review same and do hereby voluntarily affix my signature hereto this _____ day of _____, 2004.

Sign Name

Print Name

STATE OF FLORIDA:
COUNTY OF LEON:

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2004,
by _____.

Personally Known _____
OR Produced Identification _____
Type of Identification Produced _____

NOTARY PUBLIC, STATE OF FLORIDA

Notary Name Printed
Commission Expires:

CAREER SHADOWING PROGRAM PARTICIPANT'S TRAINING AND EVALUATION REPORT

Date: _____

Sponsoring Agency: _____

Student's Name: _____

- The student has satisfactorily completed all of the required WORKFORCE plus qualifications.
- Competencies to be completed as agreed to by WORKFORCE plus and the supervisor:

	Competencies to be Completed	Pass	Fail
	(to be listed prior to career shadowing experience)	(Evaluate at end of experience)	
1			
2			
3			
4			
5			
6			
7			

SUPERVISOR'S COMMENTS:

WORKFORCE plus' Signature (at beginning of Career Shadowing)

Date

County Supervisor's Signature (at end of Career Shadowing)

Date

JOB SHADOWING ATTENDANCE FORM

Student's Name _____

Attendance record from: Beginning Date _____ Ending Date _____

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS

Total Accumulated Hours _____

County Supervisor's Name _____ Signature _____